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# **Washington State Board of Health**

Annual Report 2001

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## **An Ounce of Prevention**

Rarely has public health been so public. Whether testing air quality over Manhattan, ensuring food delivered to rescue workers at the Pentagon is safe, or recognizing and controlling an anthrax outbreak in Florida, public health has been very much in the limelight during the latter part of 2001.

The tools public health has been using to respond during the current crises—disease surveillance, laboratory testing, epidemiology, food safety, environmental monitoring, distribution of medicines and vaccines, education, and more—are the tools public health uses everyday as it quietly and effectively works to protect the public's health and safety.

Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership to improve health status by applying science to medical practice, personal behavior, and public policy.

A hundred years ago, the average American lived to be 45 before dying of some infectious disease. Through public health's leadership in communicable disease prevention and control, sanitation, immunization, nutrition, and education, the average lifespan in the United States has increased dramatically to 75 years.

Because of advances in preventing premature death from heart disease, cancer, stroke and a dozen other illnesses, our lifespan continues to rise. For at least twenty years we have understood that these diseases are caused largely by unhealthy behaviors and unsafe environmental conditions. Public health's enemies today include tobacco use, poor diet, lack of exercise, and environmental pollution. That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

The anthrax attacks and heightened concerns about terrorism in general have increased awareness and scrutiny of public health's continuing efforts to confront a traditional enemy—preventing and controlling the spread of disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat—from new and re-emerging diseases, from diseases that are resistant to antibiotics and other treatment and control measures, as well as from the use of biological weapons by hostile nations, terrorists, or criminals.

Even as public health has accepted the new challenge of addressing lifestyle diseases (which will require a careful balancing of public health policy with personal freedoms), it must, in the wake of recent events, refocus its efforts to respond to the old challenge of disease control and prevention. The Board of Health is committed to partnering with the citizens of Washington and with other public health agencies to meet these multiple challenges.

[SIDEBAR]

### **Some Key Achievements**

- Hosted conference on genetics technology and privacy
- Spurred multiple efforts to diversify health care workforce
- Recommended environmental justice guidelines for state agencies
- Investigated options for promoting well-child checkups for school-age children
- Issued report on disaster preparedness and public health readiness
- Developed model brochure for parents about well-child checkups

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## **The Board's Book of Business**

The Washington State Constitution promised to the people of our state that their state government would provide for public health and welfare. The constitution also established the State Board of Health to help lead this effort.

The Board has ten members, nine of which the governor appoints to three-year terms—two representing consumers, one representing elected city officials, one representing elected county officials, one representing local health officers, and four representing health and sanitation. The tenth member is the secretary of the Washington State Department of Health.

The Board divides its time between three interrelated areas of responsibility—rule making, policy development, and providing a public forum through which citizens can help shape state health policy.

### **Rule Making**

The Board is responsible for a wide range of health rules. These rules alerts us to new disease threats, protect the health of our food and drinking water, prevent and control the spread of communicable diseases, ensure that our children receive appropriate and timely health screenings and immunizations, keep septic systems from contaminating streams and groundwater, and enhance the safety of a wide range of facilities Washingtonians use every day—swimming pools, schools, restaurants, camps, pet shops, outdoor concert venues, hotels and resorts, and more.

### **Policy Development**

The Board's duties include the development of health policy in Washington state. In recent years, the Board has significantly increased its policy activities to help point the way to new opportunities for public health improvement.

Every two years, a Board planning process identifies a limited number of high priority areas for policy development. For the 1999-2001 biennium, the priorities were communicable disease reporting, reducing disparities in health status, environmental justice, access to critical health services, children's health and well-being, and improving our public health systems.

During spring 2001, Board staff members interviewed and surveyed 75 key informants and surveyed the latest public health research to identify critical issues facing public health. This process reaffirmed the importance of many of the Board's existing priorities and helped the Board identify priorities for policy development during 2001-2003—health disparities, genetics and privacy, children's health and well-being, access to critical health services, and environmental health.

Every two years, the Board is responsible for generating a state health report for the governor. If accepted, the report guides agency heads as they develop budgets and craft request legislation for the upcoming biennium. The Board is collaborating with the

Governor's Subcabinet on Health to produce a state health report for January 2002 that is intended to shape priorities for the 2003-2005 biennial budget.

## **Public Engagement**

A central part of the Board's mandate is to invite the public into the policy development process. Its meetings around the state provide a regular forum for public testimony on any health subject and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and policy implications of emerging genetic technologies.

[SIDEBAR]

## **Completed and Ongoing Rule Reviews**

- Communicable Disease Control in Emergencies
- Auditory and Visual Screening
- Scoliosis Screening
- Newborn Screening
- Vital Statistics
- Prenatal Testing
- On-site Sewage
- Water Recreation Program
- Transient Accommodations
- HIV Counseling and Testing Standards for Pregnant Women
- Notifiable Conditions

## Health Disparities

Health disparities is a term that describes a disproportionate burden of disease, disability, and death among a particular population or group.

Racial and ethnic minorities make up roughly one-fifth (18 percent) of Washington state's population. Yet their disease burden is significantly higher. For some ethnic groups, the incidence of a particular disease may be five times the rate for Caucasian residents. The infant mortality rate for African Americans and American Indians/Alaskan Natives in Washington, for example, is twice what it is for Caucasians.

Many complex factors interact to produce health disparities. The diversity of the health care workforce is one of those factors. Research shows that a diverse health care workforce can improve the health status of racial and ethnic minorities.

In May 2001, the Board adopted a report that documents the severity of health disparities in Washington. It also demonstrates that people of color are underrepresented in our state's health care workforce and underserved by its health care system. The report identifies multiple opportunities to build a more diverse health care system, including recruitment and retention programs that serve students of color.

The Board held its May meeting at Lincoln High School, which serves an extremely diverse and low-income area of Tacoma. Students from Lincoln and other schools testified about the importance and effectiveness of academic and professional development programs.

The health disparities work is a prime example of the impact the Board's policy recommendations can have on activities across the state. Through synergies and direct influence, the Board's health disparities work has increased the attention paid to health care workforce diversity and inspired efforts to encourage students of color to consider health careers:

- The Department of Health created Project Hope, a program that matches students with internships at local public health districts.
- A Department of Health workgroup on health professions and workforce development incorporated diversity into its vision statement.
- The Workforce Training Board added a diversity component to efforts to address nursing shortages.
- Tacoma–Pierce County Public Health launched an internship program that had been under discussion and partnered with Lincoln to provide programs about public health careers.
- The Washington Dental Service Foundation focused scholarship programs on students of color and is exploring ways to fund student recruitment and retention program.
- The Washington Health Foundation initiated a health disparities program and the Group Health Foundation is exploring making health disparities a priority.
- Organizations represented at the May meeting created internship opportunities for virtually every student present who requested one.

- A report on the personnel crisis facing Washington's hospitals, issued by the Washington State Hospital Association and Association of Washington Public Hospital District, spoke to the importance of increasing diversity and acknowledged the Board's work.

## **Children's Health & Well Being**

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. It is critical that Washington's children have access to preventive health care that allows them to grow into adults with healthy bodies and healthy lifestyles. An early start is the best start.

The Board of Health determines, through its rule making process, the health screenings and immunizations required for children before birth, after birth, at school entry, and during a child's years in school. In 2000, the Board went beyond establishing basic screening requirements and developed a comprehensive list of clinical preventive services for children birth to age 10. The list is based on the most current evidence about what works.

For 2001, the Board explored ways to increase the likelihood that children will receive the services on the list. One avenue the Board investigated was requiring well-child examinations for students entering school. It commissioned research on school entry requirements in other states, and found that nearly half of all states require that school children receive well-child checkups and 13 require comprehensive examines that include specific components like those on the Board's list. It also produced a booklet for parents describing a typical well child exam for a five-year-old and it provided assistance to an interagency team designing a pilot study of school-entry requirements.

The Board completed a review of rules governing screenings for scoliosis and visual and auditory disorders and initiated rule reviews for vital statistics, prenatal tests, and newborn screening.

[RETAIN SUMMARY OF STANDARDS FROM 2000 REPORT]

[SUBSTITUTE FINDINGS OF REPORT FOR 2000 PULLQUOTE]



## **Environmental Justice**

Environmental Justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin or income with respect to the development, implementation and enforcement of environmental laws, regulations, and policies.

Throughout the 1999-2001 biennium, the Board's Committee on Environmental Justice worked closely with the Department of Ecology, other agencies, and community partners to:

- Raise awareness about environmental justice issues in Washington state
- Increase knowledge about environmental justice in state and local government
- Establish environmental guidelines for use by government agencies
- Build and maintain a Web site with environmental justice resources

This work culminated June 13, 2000 when the Board adopted the committee's final report and recommendations. The report documents that waste and industrial facilities in Washington disproportionately affect low-income and minority communities and that those same communities have striking health problems. The recommendations call for increased interagency cooperation and improved training about environmental justice issues for agency staff. It also recommended guidelines for adoption by state agencies.

The interagency committee on environmental justice, convened by the Board, continues its work and the Board continues to maintain its environmental justice Web site.

[PULLQUOTE]

“The Department of Ecology found that Washington's waste and industrial facilities are disproportionately located in low-income and minority neighborhoods.”

—Carl Osaki, R.S., M.S.P.H., Board Member

[CIRCLE CONTENT]

Environmental Justice Issues in Washington state:

- Farm workers' exposure to pesticides
- Toxic fish consumption in ethnic communities
- Urban concentration of polluting facilities

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## **Access to Critical Health Services**

“Access to health care services is a high priority for most Washington citizens,” says Board Member Dr. Thomas H. Locke. “In the debate about health care access, we seldom ask, ‘Access to what?’ Are all health services of equally important or are some more important than others?”

The Board took the lead in addressing this issue in 2000 when it adopted a menu of health services critical to community health protection and improvement. The menu was the major part of the Board’s contribution to the Public Health Improvement Plan and to the Public Health Standards in Washington State.

During 2001, the Board published its final report on access to critical health services. It continued to serve as the lead for PHIP work around access and promoted its menu as a starting point for local health jurisdictions to reference when creating local menus as part of their charge to assess access to care and initiate community responses to any gaps. It has also begun working with state purchasing and regulatory agencies to explore other possible uses of the menu—as a tool for assessing access statewide, for example, or as the basis for a state-sponsored insurance product.

[RETAIN LOCKE PULLQUOTE]

[RETAIN SHORT LIST OF MENU ITEMS]

## **Public Health Infrastructure**

The Board has a longstanding interest in ensuring Washington residents benefit from a strong system of public health and medical programs that provide care to everyone who needs it. The terrorist attacks of September 11 and the subsequent anthrax outbreak underscored the importance of a robust health care system. The Board scrutinized our public health and medical readiness in the weeks following the attacks. In November, it adopted a report and passed a resolution calling for additional resources at the state and local levels [CHECK].

The Board continues to be part of the Public Health Improvement Partnership, along with the Department of Health, the Washington State Association of Local Public Health Officials, and the University of Washington School of Public Health and Community Medicine. The Board has lead responsibility for defining and measuring access to critical health services and staff members participate in other PHIP work groups, such as the steering committee and the communications and marketing committee.

A Board representative sits on the oversight committee for a \$1.3 million federal grant awarded to the state to research health care access and related issues. The Board has agreed to host public forums in 2002 to discuss the research findings.

## **Genetics and Privacy**

Recent and rapid advances in genetic technologies will have a staggering impact on public health and medicine. They will lead to new ways to identify, manage, and even cure numerous diseases. How do we encourage further research and development of these technologies without encroaching on civil rights and privacy? What should be the ethical limits of genetic medicine? How should society respond when genetics information is used inappropriately? During 2001, the Board emerged as a leading forum for discussing the public policy implications of these kinds of questions.

On January 5, the Board hosted a daylong conference called “Learning to Live with the Human Genome: Well Reasoned Prudence or Future Shock?”

The state’s 2001-03 budget contains a proviso requiring the Board to convene “a broad based task force to review the available information on the potential risks and benefits to public and personal safety, and to individual privacy, of emerging technologies involving human deoxyribonucleic acid (DNA).” The Board has adopted a work plan and assembled a task force that is scheduled to hold its first meeting in January 2002. The task force will report its findings to the Board and to appropriate legislative committees in October 2002.

## Looking Forward: 2002 and Beyond

During spring 2000, the Board carried out extensive research to identify priorities for the 2001-03 biennium. Staff members conducted 75 key informant interviews and surveys and reviewed and summarized dozens of recent studies and reports. In July, the Board chose five priority work areas based on that research: Health Disparities, Access to Critical Health Services, Children's and Well Being, Environmental Health, and Genetics and Privacy.

During the fall of 2000, the Board adopted work plans for each of these areas. Key activities for 2002 include:

- Convening a statewide task force on the risks and benefits of emerging genetic technologies
- Supporting the Workforce Diversity Network and other efforts to enrich the health care workforce
- Holding public forums to discuss findings and recommendations from the state planning grant on health care access
- Supporting efforts of other agencies to assess the feasibility and advisability of requiring checkups for children entering kindergarten
- Discussing numerous possible applications for the Board's suggested menu of critical health services.
- Contributing to the Public Health Improvement Partnership and advancing its work on access standards
- Identifying and promoting ways to encourage children to eat well and maintain a healthy weight
- Reviewing rules in many areas, including newborn screening, immunizations, and on-site sewage

### 2002 Meeting Schedule

Jan. 9, Olympia

*Feb. 13, Olympia*

Mar. 13, Olympia

*Apr. 10, Olympia*

May 8, Kent

June 12, Gray's Harbor County

July 10, Colville

*Aug. 8, Kent*

Sept. 11, Skagit County

Oct. 9, Wenatchee

*Nov. 13, Shoreline*

Dec. 4, Kent

Meetings in italics are tentative. Meeting dates and locations are subject to change. See [www.doh.wa.gov/sboh](http://www.doh.wa.gov/sboh) for updates.

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## **Membership**

### **Consumers**

**Linda Lake, M.B.A.**, Chair, has 25 years of experience in the field of health and social services. She has directed several community health and social service organizations, including the Pike Market Medical Clinic.

**Joe Finkbonner, R.Ph.**, M.H.A., is an independent consultant focusing on Native American health issues. He has served as chair of the American Indian Health Commission, director of the Lummi LIFE Center, and chief executive officer of the Lummi Indian Business Council.

### **Elected County Officials**

**The Honorable Neva J. Corkrum**, Vice Chair, is a Franklin County commissioner and member of the Benton-Franklin Health District Board of Health.

### **Elected City Officials**

**The Honorable Margaret Pageler, J.D.**, is president of the Seattle City Council and a member of the Board of Public Health in Seattle and King County.

### **Department of Health**

**Mary Selecky** is secretary of the Washington Department of Health and former administrator of Northeast Tri-County Health District.

### **Health and Sanitation**

**Charles R. Chu, D.P.M.**, a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

**Ed Gray, M.D.**, is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

**Carl S. Osaki, R.S., M.S.P.H.**, former director of environmental health for Public Health—Seattle & King County, is on the faculty at the University of Washington.

**Vicki Ybarra, R.N., M.P.H.**, is TK. She was director of planning and development for the Yakima Valley Farm Workers Clinic during most of 2001. Much of her work is dedicate to supporting children and families.

### **Local Health Officers**

**Thomas H. Locke, M.D., M.P.H.**, is health officer for Clallam and Jefferson counties and medical director of the Jamestown and Port Gamble S'Klallam tribal health programs.

**Board Staff**

**Don Sloma, M.P.H.**, Executive Director

**Craig McLaughlin, M.J.**, Senior Health Policy Manager

**Doreen Garcia, M.P.P.**, Senior Health Policy Advisor

**Marianne Seifert, M.A.**, Health Policy Advisor

**Desiree Day Robinson**, Executive Assistant to the Board

**Jennifer Dodd**, Assistant to the Board

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[STATE SEAL]

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